



**B. J. Walker, Commissioner**

Georgia Department of Human Resources • Division of Aging Services • Maria Greene, Division Director  
Two Peachtree Street, NW • Suite 9.398 • Atlanta, Georgia 30303-3142 • Phone: 404-657-5258 • Fax: 404-657-5285

**MEMORANDUM**

**TO:** Executive Directors, Regional Development Centers  
Executive Director, Legacy Link, Inc. Area Agency on Aging  
Executive Director, SOWEGA Council on Aging, Inc.  
Directors, Area Agencies on Aging

**FROM:** Maria Greene, Director  
Division of Aging Services

**DATE:** March 20, 2006

**SUBJECT:** Comments Received on DAS Manual Chapter 102, Revised  
and Amended, **Area Agency on Aging Administration  
and Operations**

On February 8, 2006, we disseminated by email the above-referenced chapter with revisions and amendments for review and comment. DAS staff was invited to review and provide comment at the same time. We asked that you provide the information to the provider organizations in your areas to solicit their feedback as well.

We requested feedback by February 28, 2006. To those who took the time to review and comment, we thank you. The comments and questions are enclosed with our responses.

The manual chapter will be transmitted separately as MT 2006-02.

As always, we appreciate your participation in helping us to develop and refine our policies and guidelines for the statewide aging network.

## **Comments and Responses Regarding Manual Chapter 102 Area Agency on Aging Administration and Operations**

**Comment 1:** Regarding §102.6, Area Agency Monitoring and Evaluation of Service Providers, “need to add language so that DAS, if needed, can access the results of surveys/monitoring.”

**DAS Response:** The following language was added: “The Area Agencies will furnish or provide access to evaluation results to the Division upon request, or routinely, as may be specified in the future.”

**Comment/Question 2:** “While the guidelines will require the AAA to survey at least 5% of active service clients, will the Division also survey consumers? If so, what percentage of consumers will the Division survey? Will the Division use the same survey tool? Would this revision be adopted and come into effect during this fiscal year or FY’07?”

**DAS Response:** The Quality Assurance staff of the DAS Planning and Evaluation Section will continue to survey consumers periodically. They usually select a sample of 20% of active consumers. Please note that we have revised this section and have modified Appendix 102-D to provide guidance in selecting an adequate sample, using a statistical method that considers the total number of persons in the population (that is, consumer group) being surveyed. The Division will adapt the survey tool we propose and use of the modified survey will become effective for FY’07.

**Comment/Question 3:** “Regarding §102.18(f)(2), ‘Budget Revisions and Contract Amendments,’ granting providers permission to shift funding among services within a single fund source if the shift is warranted and does not overspend the contracted amount. Shouldn’t this action require approval by the AAA and not just consultation? Problems arise when providers make such shifts driven by convenience and not necessity. What about shifts from one county and to another within the same funding source? The AAA must monitor and approve such actions to make certain areas are not underserved.”

**DAS Response:** Implicit in exercising this policy option is the constant two-way communications between the AAA and its providers. This particular option is offered because we want to provide some flexibility to providers *and* the AAAs in simplifying and managing the contracting process throughout the year. Another objective is, in the absence of uniform case management oversight for HCBS, to allow the providers to manage service delivery based on valid, current assessments of clients’ functional impairments and unmet needs for care (DON-R assessment) that leads to a written, individual care plan. Of course the AAA will need to monitor service delivery in light of the assessment data and care plan content and assure that any shifts among services are not merely, as the commenter points out, “for convenience.” The AAA in essence will be conducting Utilization Reviews for HCBS consumers to validate that the services being provided are warranted in type, amount and frequency, based on assessment data.

With respect to the potential for there being “underserved” areas due to provider-determined shifts and assignment of services, since the Gateway function of the AAA is responsible for identifying and referring applicants for service based on greatest need, we are not sure that it is possible to hold providers to “county-based” service delivery expectations. The needs of the residents of one county could differ significantly from others in the region, based on the economic base and other resources available in each county. Also when providers have capacity to admit new clients, the Gateway staff should be furnishing those referrals for new admissions,

based on the relative DON-R scores of waitlisted applicants. The greatest need for care, not the county of residence of the applicants, determines admission to the program or service.

**Comment/Question 4:** “Regarding the survey tool, the tool is designed as if all clients receive only one service from one provider/staff. *If a client indicates that he/she has been disrespected by his/her helper and further indicates that he/she receives Home Delivered Meals and Homemaker services, how do you know which program is the source of the problem?* The tool should be designed in such a way that allows the consumer to provide a response for each question and indicate the applicable service/provider. In some cases our HDM provider is different from our Case Management provider. To better use the survey data we receive, can we place separate boxes on the survey tool for Congregate Meals and Home Delivered Meals?”

**DAS Response:** The tool is designed to capture fairly “high level” information about service utilization and acceptability to the consumers. When you pull a sample for surveying, you will know what service you are sampling, and even though you may know that people in that sample also receive other services, you will know that you are focusing only on the specific service that you have chosen to survey. To provide additional guidance, we have provided as in Appendix 102-D a cover letter that we suggest you use if you are mailing the surveys, or use as an interviewing guide if you are conducting them by telephone or in person. However, you may also alter the survey form if you choose, as long as the minimum data are captured.

**Comment/Question 5:** “I felt like we are in compliance with all the revisions marked in blue on the draft. I am concerned though about Page 24, Item (f) (2). Sounds like a contractor under the AAA would not have to submit a budget revision to the AAA to shift funds among services within the same fund source. We have always had to obtain a contract amendment from subs if moving funds even if they got our verbal approval since it is outlined in the contract by service by fund source. Our RDC financial auditors always match up the dollars in the providers’ contract with what they are actually reimbursed by service by fund source. I would like to request that this item be removed from the revisions or at least amended to state that it is the option of the AAA whether or not a budget revision/contract amendment would be required from the sub. Thanks.”

**DAS Response:** Please also see our response to Comment/Question 3. This is presented as an option available to the AAA and its providers, subject to negotiation based on satisfactory performance. We envision this being most useful to AAAs in contracting for In-Home Services. We are creating the category of “In-Home Services” within the Taxonomy, which will include Homemaker, Personal Care and Respite Care services. It could, however, be useful in other contracting situations. The AAA will now be able to contract for the *category* of services *in the aggregate*, with a corresponding aggregate budget for the *category*, rather than a budget for each service. This option is more applicable when the AAA is contracting with an organization that has the capacity to provide multiple services. [If no such multi-service provider exists, then the AAA will contract for the individual service(s).]

We want to emphasize the expectation that AAAs and providers base their decision-making on the needs of the consumers, as documented through assessment data and care plans. If provider agencies have more flexibility in managing their budgets throughout the year, it is expected that they will be more efficient and effective stewards of the resources. There is, of course, the fundamental understanding that providers cannot be reimbursed in excess of the amount of funding in their contracts, so the bulk of the burden of managing the resources clearly falls to them. We do understand the need to account for how funds are used, but don't believe that contracting in the aggregate for the In-Home category of service would create an audit exception, since the provider will report out the services they actually are providing by entering unit data on a service log for each component service.